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ABSTRACT

This final report describes a 16-state project designed to enhance the coping effectiveness of young children with special needs and to support their families through training and technical assistance. The project had validated models, products, and training procedures to expand the adaptive behavior and resilience of children with limited coping resources. In collaboration with the lead agency and/or department of education, a state training plan was developed which described the outreach activities to be conducted within each state. The project's primary objective was to provide training to parents and professionals through awareness activities, on-site workshops at early intervention and preschool programs, and specialized training and technical assistance. Unique features of the project included: (1) an intervention frame of reference based on a theoretical model of the coping process; (2) a personalized decision-making model that was used to foster parent-professional collaboration in the development of a functionally oriented education plan; and (3) a proven service approach that was responsive to families of diverse economic and cultural backgrounds and was tailored to meet the needs of children with a wide range of disabling or at-risk conditions. An appendix includes a list of sample training activities. (Contains 14 references.) (Author/CR)

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THE COPING PROJECT

Outreach Training Project

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024D20041
CFDA: 024D

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II. ABSTRACT

THE COPING PROJECT

Early Education Program for Children with Disabilities

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The goal of the COPING Project was to enhance the coping effectiveness of young children with special needs and to support their families through training and technical assistance to 16 targeted states. The project had validated models, products, and training procedures to expand the adaptive behavior and resilience of children with limited coping resources. In collaboration with the Lead Agency and/or Department of Education, a COPING State Training Plan was developed which described the outreach activities to be conducted within each state.

The project's primary objective was to provide training to parents and professionals through Awareness Activities, On-Site Workshops at early intervention and preschool programs, and Specialized Training and Technical Assistance. During the three years of the grant the following activities were conducted: 11 overview presentations, 42 on-site workshops, 24 conference presentations, 23 training-of-trainers institutes, and three topical seminars at the John F. Kennedy Medical Center. These training efforts highlighted the assessment of coping styles in young children and intervention strategies that increase adaptive functioning in natural environments. Over 7,712 participants were directly trained in 19 states and the District of Columbia.

The COPING Project had many unique features:

1. An intervention frame of reference based on the theoretical Model of the Coping Process.

2. A Personalized Decision-Making Model used to foster parent-professional collaboration in the development of a functionally-oriented IFSP or IEP.

3. A proven service approach that was responsive to families of diverse economic and cultural backgrounds and was tailored to meet the needs of children with a wide range of disabling or at-risk conditions.

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IV. GOALS AND OBJECTIVES OF THE PROJECT

The **goal** of the COPING Project was to enhance the coping effectiveness of young children with special needs and to support their families through training and technical assistance to 16 targeted states. The five objectives of the project are listed with their major associated activities.

Objective 1. Develop a COPING State Training Plan with the Lead Agency and/or Department of Education in targeted states.

1.1. Work with designated state planners to ascertain learning needs at the state, regional, and local levels.

1.2. Analyze collected data and set training goals with state planners.

1.3. Develop written Technical Assistance Agreements.

Objective 2. Implement training in 16 states through awareness activities, on-site workshops, and specialized training and technical assistance.

2.1 Awareness activities will be conducted to introduce the COPING frame of reference to audiences in targeted states.

2.1.1 Facilitate awareness of the project through introductory materials.

2.1.2 Conduct overview presentations to foster awareness.

2.1.3 Disseminate project information and products to clearinghouses, research institutes, and technical assistance providers.

2.2 On-site training workshops will be implemented in early intervention and preschool programs during the grant period.

2.2.1 Develop training plans with programs identified in Objective 1.

2.2.2 Provide COPING training to each program.

2.2.3 Evaluate training and provide follow-up activities.

2.3 Specialized training and technical assistance will be implemented with state and regional agencies, organizations, and institutions of higher education.

2.3.1 Conduct conference presentations.

2.3.2 Present training-of-trainers institutes.

2.3.3 Offer topical seminars at the John F. Kennedy Medical Center.

Objective 3. Support training and technical assistance through product dissemination.

3.1 Provide Participant Workbooks to support all training activities.

3.2 Use audio-visual materials to enrich the learning experience.

3.3 Disseminate self-study packets as a follow-up to training or a vehicle for independent study.

Objective 4. Conduct formative and summative evaluations of training and project operations.

4.1 Conduct formative evaluations.

4.2 Conduct summative evaluations.

Objective 5. Administer the project efficiently and effectively.

5.1 Manage the budget.

5.2 Develop computerized system for logging project activities.

5.3 Coordinate activities of project.

V. CONCEPTUAL FRAMEWORK

Coping is the integration and application of developmental skills in the context of everyday living. It is the process of making adaptations in order to meet personal needs and to respond to the demands of the environment. Young children have to cope with the complexities of family life, changes related to physical growth, and innumerable novel experiences such as excursions to a shopping mall and enrollment in a child care center. The goal of coping is to increase feelings of well-being in situations interpreted as threatening or challenging. That is, children cope with situations in order to feel good about themselves and their place in the world. From the perspective of this frame of reference, coping is broadly defined and not restricted to the child dealing with aversive circumstances. Although stress interpreted as threat tends to have a negative inference, stress perceived as challenge is often associated with positive, energizing emotions.

The more effectively a child copes, the more effectively a child learns (Greenspan, 1992). A child's coping competence is determined by the match between needs (demands) and the

availability of resources to manage them. Successful coping reflects sufficient resources for handling the demands of daily life. Effective coping facilitates the acquisition of developmental skills, a self-affirming identity, and the capacity for intimate social relationships (Brazelton & Cramer, 1990; Murphy & Moriarty 1976). It is positively correlated in older children with academic achievement, self esteem, and a sense of personal mastery (Fine, 1991; Kennedy, 1984).

Research indicates that children who are delayed or disabled are less effective as a group in their coping behavior in comparison to nondisabled peers (Lorch, 1981; Zeitlin, 1985). These studies found many children with special needs to be more inconsistent or inflexible in their adaptive functioning. Their behavior tended to be erratic and unpredictable, or rigidly repetitious (repeating the same type of behavior regardless of the circumstances), or they used behavior that reduced the stress of the moment but had negative outcomes over time (e.g., habitual use of temper tantrums or withdrawal). The following coping attributes were identified as areas of particular vulnerability for many children with special needs: self initiation, flexibility, independent problem solving, generalization of learning, management of change and transitions, social reciprocity, and regulation of mood and affect (Zeitlin & Williamson, 1990). A disabling or at-risk condition does not imply that a specific child will have an ineffective coping style. Instead it indicates that these children may be less resilient to the stresses of daily living (Werner, 1989). They tend to face a greater number of stressors with a limited repertoire of coping resources.

This frame of reference bases intervention on a model of the Coping Process. Children are viewed as coping with self, the physical world, and the social setting (e.g., their family, other significant caregivers, peers). By basing intervention on daily coping transactions, services are linked directly to meaningful functional outcomes for the child and family. Thus intervention has an immediate impact on daily living, social relationships, and acquisition of new learning. This frame of reference emphasizes the development and use of coping resources that empower the child to deal with current and future challenges and opportunities (Zeitlin, Williamson, & Szczepanski, 1988). A key feature is its positive orientation focusing on healthy adaptation rather than pathology. It is targeted to the expansion of the child's adaptive behavior and resilience while engaged in all areas of daily life.

The provision of services is based on two models: (1) the theoretical model of the Coping Process, and (2) the operational model of Personalized Decision-Making used to develop integrated services plans for the child and family (Zeitlin & Williamson, 1994).

The Coping Process. A four-step model of this transactional process is used to describe how individuals manage the demands of daily living. This theoretical frame of reference assists staff and family members to understand the coping process and its importance for helping children achieve optimal life outcomes (Campos, 1987).

The model has four interrelated steps: determine meaning of an event; develop an action plan; implement a coping effort; and evaluate its effectiveness. (See Figure 1 for an illustration of the model from a child's perspective.) The Coping Process Model is clinically useful since it identifies the child's demands/stressors, coping resources, available coping strategies, and the responsiveness of the environment to the child's efforts. This information serves as the basis for assessment and intervention planning.

Special features of the Coping Process Model include:

1. Internal and external resources are identified that are most related to effective coping outcomes. Key internal resources are emerging beliefs and values, physical and affective states, coping style, and developmental skills. External resources are human supports and material/environmental supports.

2. Observation based on the model facilitates examination of the "goodness of fit" between a child and family's resources and stressors.

3. The project has specific intervention procedures that: (1) modify demands to be congruent with the child's capabilities; (2) enhance developmental skills and other coping resources, (3) teach effective coping strategies, and (4) foster contingent environmental feedback to support the child's adaptive competence.

The Personalized Decision-Making Model. Whereas the Coping Process Model provides a clinically-sound structure for understanding a child's behavior, the Personalized Decision-Making Model is used to translate this information into integrated service plans. It links theory to practice by guiding practitioners and families in the development of the IFSP or IEP. The model is responsive to the unique needs of different families within the context of the early intervention or preschool program and the community (Zeitlin & Williamson, 1988). It is readily adaptable to the requirements of interdisciplinary or transdisciplinary teams and diverse intervention approaches.

The five steps of the model include: information collection; analysis and goal setting; development of a service plan; program implementation; and evaluation. Special features of this personalized approach for both children and families are:

1. Use of decision-making questions that guide practitioners and families through a family-directed IFSP or IEP process.

2. Analysis of the collected information to identify factors that facilitate or interfere with the child's developmental progress and identify the family's concerns, priorities, and resources.

The Coping Process of Children

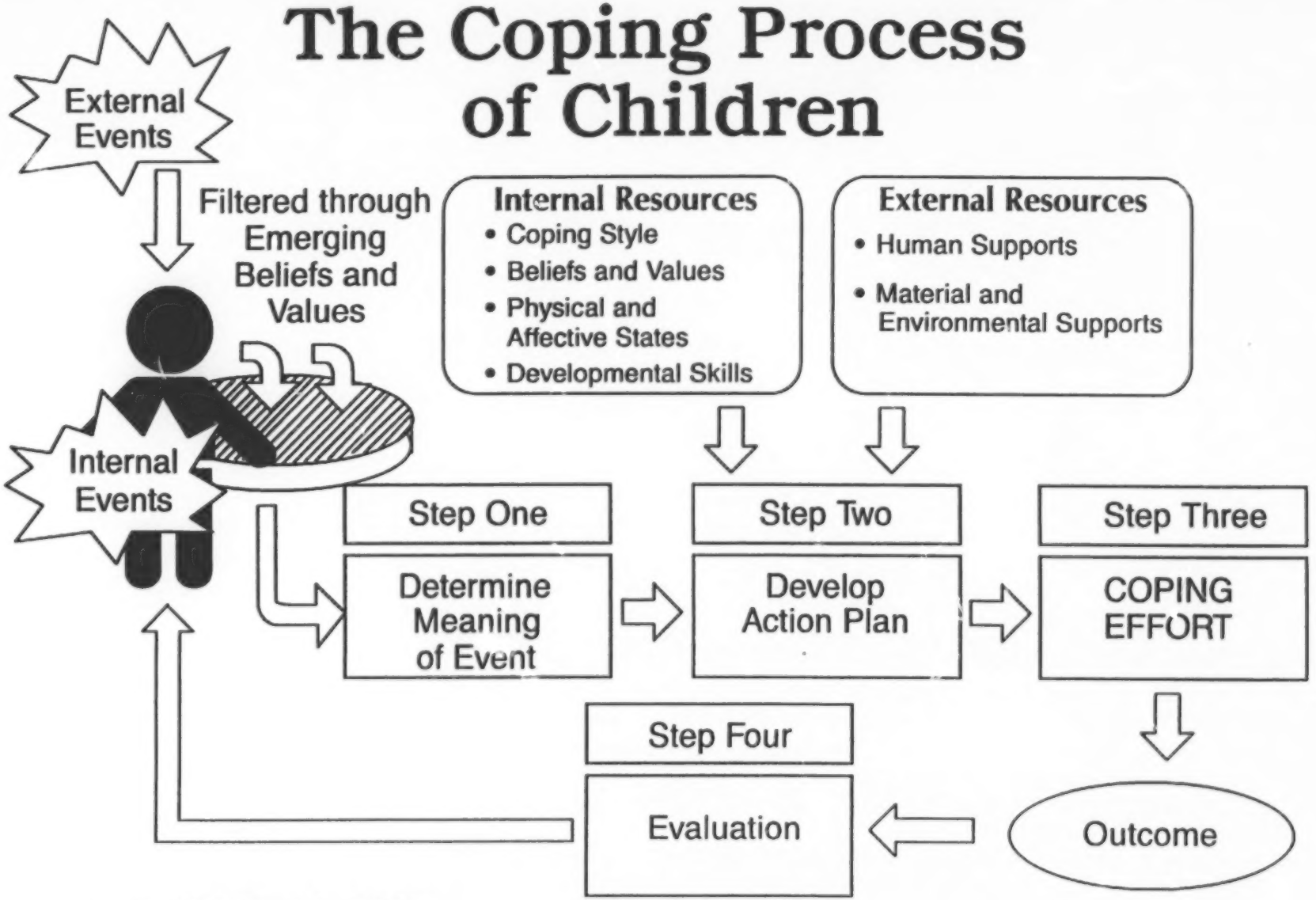

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Figure 1

3. Collaborative teamwork by parents and staff to develop the most useful plans to promote the child's developmental and coping competence and facilitate the family's capacity to meet the needs of their child through their preferred use of supports and services.

4. Intervention activities and techniques that can be used across professional disciplines, community agencies, and family constellations to achieve the desired objectives.

Most practitioners in early intervention and preschool programs have discipline-related competencies that target specific developmental skill domains in children. Preservice training does not traditionally focus on the interrelationship of developmental processes that is necessary to achieve a functionally-oriented (coping-related) approach to intervention (Fenichel & Eggbeer, 1990). There is also a training priority to assist professionals from all disciplines to learn to work collaboratively with families and each other to implement service plans that increase the child's successful integration in natural environments. In response to these issues, the project developed and field-tested models, products, and training activities which bridge the gap between theory and practice.

VI. DESCRIPTION OF OPERATIONS

This section describes the accomplishments and activities of the COPING Project according to its five objectives.

OBJECTIVE 1. Develop a COPING Training Plan for each targeted state.

A detailed narrative describing the project and its available training was sent to each of the original 16 states. In addition, this narrative was distributed over time to other states and agencies who requested information about the project's activities.

States often preferred that the project work directly with local and regional agencies and organizations to develop training agreements. In an effort to simplify administrative procedures which could delay implementation of the training, the project was flexible in accommodating to such requests. State-level training agreements were generated when the state was financially supporting the training (e.g., Hawaii, Maryland). The agreements followed the standard state procedure and format. In many cases the training agreements were developed with the sponsoring local, regional or national organization (e.g., United Cerebral Palsy of New York, Head Start/Region II, the American Congress of Rehabilitation Medicine, the American Occupational Therapy Association, Zero-to-Three/National Center for Clinical Infant Programs, school districts and community agencies. Through these agreements or training commitments the project conducted overview presentations, workshops, and training-of -trainers institutes. Special attention was given to colleges and universities in order to influence preservice education (e.g., New York University, University of Washington, Temple University, Columbia, State University of New York).

COPING Training States
1992 - 1995

Figure 2

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Objective 2. Implement training through awareness activities, on-site workshops, and specialized training and technical assistance.

Instead of 16 participating states, there was a total of 19 states plus the District of Columbia that were sites of COPING training during the three-year period. Table 1 lists the sites of COPING training, and Figure 2 demonstrates their geographical distribution.

Table 1

SITES OF COPING TRAINING

Georgia	Missouri	Pennsylvania
Hawaii	New Jersey	South Carolina
Illinois	New Mexico	Tennessee
Maryland	New York	Texas
Massachusetts	Ohio	Virginia
Minnesota	Oregon	Washington
		Wisconsin

Based on requests from the field, the project designed a variety of training options which clustered into three categories: Awareness Activities, On-Site Workshops, and Specialized Training and Technical Assistance. For each of the project years the number of training activities that were conducted exceeded planned expectations. In total the following number of training events were provided during the grant period: 11 overview presentations, 42 on-site workshops, 24 conference presentations, 23 training-the-trainers institutes, and three topical seminars at the John F. Kennedy Medical Center. Appendix 1 provides a representative listing of the training activities for each grant year.

Over 7,712 individuals were direct recipients of training through these activities. The audiences tended to be interdisciplinary reflecting the major educational, health and psycho-social disciplines. In addition, parents and paraprofessionals were active participants in the educational activities. Table 2 provides a breakout of training events by project year.

TABLE 2

TRAINING EVENTS BY PROJECT YEAR

	Number of States	Type of Training	Number of Participants
YEAR 1	9	3 Overview 15 Workshops 12 Conferences 7 Trainer Institutes 1 Topical Seminar	3,500
YEAR 2	7	6 Overview 12 Workshops 6 Conferences 6 Trainer Institutes 2 Topical Seminars	1,245
YEAR 3	10	2 Overview 15 Workshops 6 Conferences 10 Trainer Institutes	2,967

Objective 3. Support training and technical assistance through product dissemination.

The COPING Project had many products to support training activities. For each training commitment, a participant workbook was designed to address the instructional goals and content. An extensive library of audiovisual materials (e.g., slides, overheads, videotapes) was also available to enrich the training. To ensure optimally effective technical assistance, these materials were refined and expanded on an ongoing basis over the three years. In addition, self-study packets were available as a follow-up resource to help training recipients to integrate and apply their newly acquired skills or to assist practitioners who requested information by mail to pursue independent study. These packets were individually developed to address the different learning needs.

Objective 4. Conduct formative and summative evaluations of training and project operations.

An extensive evaluation protocol was implemented throughout the grant period. Results are recorded in Section VIII of this Final Report.

Objective 5. Administer the project efficiently and effectively.

Three primary activities were involved in implementing this objective: (1) fiscal management, (2) computerization of a logging system, and (3) coordination of all project tasks. Financial management and coordination of the workscope proceeded without difficulty. A delay was experienced in the installation of the new computer system. However, the computer support was operational during the second half of the grant.

The COPING Project successfully used a management-by-objectives procedure to ensure effective and efficient administration. Operation plans, timelines, and assignment of responsibilities followed very closely the workscope projected in the original grant application. The volume of training that was conducted placed ongoing pressure on the project and its resources.

The budget was reviewed monthly by the project director and the associate director. Meetings were held on a quarterly basis with the grants manager in the Medical Center's Finance Department. This procedure guaranteed that the budget was balanced and properly documented in the federal expenditure reports.

VII. LOGISTICAL ISSUES IN IMPLEMENTATION

The original objectives and workscope of the project remained essentially unchanged for the duration of the grant. The COPING Project was extremely popular and in great demand. The challenge was to target the most critical training needs and to avoid overextending resources. The following logistical issues arose during the course of implementation.

- As previously stated, the improved computer system was late in being installed. For a time documentation was maintained using a manual procedure.

- The involvement of the Family Specialist was reduced due to her personal availability. Family-centered input was gathered through consultations with parents receiving services at the Pediatric Rehabilitation Department of the John F. Kennedy Medical Center.

- Some states that had initially expressed an interest in the program could not participate for a variety of reasons. They were readily replaced by other states. In addition, it was common for the project to be asked to deal directly with local agencies and regional organizations due to the overextended responsibilities of the state personnel. Therefore most training agreements were conducted with the direct sponsors and recipients of the continuing education.

- The project found it difficult to conduct the content analysis of IFSP/IEP's as part of its summative evaluation. The connection between project training and IFSP/IEP change was hard to document due to the influence of multifactoral variables.

VIII. EVALUATION FINDINGS

The COPING Project had an Evaluation Plan that included both formative and summative procedures to document the immediate and long-term impact of training and technical assistance. **Formative evaluation** data were gathered using two procedures: (1) individual computerized logs tracking training activities, and (2) Immediate Feedback Questionnaires indicating participant satisfaction with the training. These data documented the project's training activities (who, what, where, how) and the participants' views regarding their quality.

The computerized logs documented the states, types of training, audiences and number of participants. Table 2 records major aspects of these data. The Immediate Feedback Questionnaire was completed by participants at the completion of each training. The

questionnaire used a Likert-type scale to examine perceived effectiveness of the training. Feedback indicated the need for follow-up consultation and provided information on ways to improve the educational activities. Table 3 provides a representative summary of the effectiveness of project training (immediate feedback). As indicated by the table, the majority of participants considered the training very effective.

TABLE 3

Evaluation Summary of Training Effectiveness
(Immediate Feedback)

Evaluation Categories	Percent of Total Ratings *					Mean Rating
	1	2	3	4	5	
Objectives Clear	.00	.00	.03	.45	.52	4.50
Quality of Content	.00	.00	.12	.44	.44	4.31
Presentation	.00	.00	.03	.30	.67	4.65
Informative	.00	.00	.03	.30	.67	4.65
New Knowledge	.00	.00	.16	.38	.46	4.31
Stimulates Learning	.00	.00	.05	.31	.64	4.56
Overall Rating	.00	.00	.06	.33	.61	4.54

* A rating of "1" = most negative
A rating of "2" = most positive

The **summative evaluation** examined the impact of the project on training recipients, programs, and families. Three procedures were used: (1) Follow-up Questionnaire, (2) Content Analysis of IFSP/IEP before and after training, and (3) Interviews.

A Follow-Up Questionnaire, based on the Immediate Feedback Questionnaire, was sent to a selected sample of training recipients a number of months after training. This questionnaire examined the effectiveness over time of the training. Results indicate that the initial positive impressions of Project COPING were sustained after the participants returned to their practice and implemented their new knowledge. Table 4 presents a comparison of scores between the Immediate Feedback Questionnaire and the Follow-Up Questionnaire for a sample training related to enhancing the adaptive and social competence of children.

A second summative evaluation procedure was conducted to examine the content of the IFSP's or IEP's collected from a selected sample of training recipients. This sample was requested to provide the project with a number of their current IFSP's (or IEP's) immediately upon receiving training. Twelve months after the training occurred, the project again requested a sample of their IFSP's or IEP's.

This evaluation procedure was less successful than originally planned. Shifts in the IFSP/IEP's were noted in the following areas: a greater emphasis on functional objectives, family-centered concerns, and coping-related interventions. However, the content analysis was unable to clearly link these desired outcomes to the training provided by the project. Therefore the positive trends could not be reliably related to training effects. Despite this limitation the associated interviews did suggest that COPING activities contributed to these gains.

Follow-up interviews with professionals were conducted approximately twelve months after they receive training. The interviews were implemented by telephone with a sample of the training recipients. Information was collected to ascertain whether changes resulted from the project's training activities. The respondents provided the following information: (1) They understood the coping principles and had worked to integrate them into clinical practices; (2) The number of coping-related objectives had increased in the intervention plans of targeted children; (3) The repertoire of intervention strategies and activities had markedly increased; (4) They had adapted the material presented in the initial training to the unique requirements of their setting. It was clear from the interviews with professionals that their practice had been influenced over time by involvement with the COPING Project.

A similar procedure, follow-up interviews with parents, was conducted to gather information regarding impact of training on families. A structured interview was used with a selected sample of families who received services from training participants or who participated in COPING training themselves. Sample open-ended questions included: How effectively is your child coping? Have there been changes in your family as a result of COPING training? Have there been changes in your role in IFSP development?

TABLE 4

Comparison of Immediate Feedback
Follow-Up Questionnaires

Evaluation Categories	Percent of Total Ratings * 1	2	3	4	5	Mean Rating
Objectives Clear						
Immediate	.00	.05	.14	.33	.48	4.24
Follow-Up	.00	.04	.16	.32	.48	4.24
Quality of Content						
Immediate	.00	.00	.05	.25	.70	4.65
Follow-up	.00	.04	.04	.30	.62	4.50
Presentation						
Immediate	.00	.00	.10	.38	.52	4.43
Follow-up	.00	.00	.12	.36	.52	4.40
Informative						
Immediate	.00	.00	.00	.04	.96	4.96
Follow-up	.00	.00	.12	.26	.62	4.50
New Knowledge						
Immediate	.00	.00	.00	.12	.88	4.88
Follow-up	.00	.00	.00	.12	.88	4.88
Stimulates Learning						
Immediate	.00	.04	.00	.16	.80	4.72
Follow-up	.00	.08	.04	.22	.67	4.46
Overall Rating						
Immediate	.00	.01	.02	.11	.86	4.71
Follow-up	.00	.03	.07	.21	.71	4.60

* A rating of "1" = most negative
A rating of "5" = most positive

The families reported a general trend toward increased involvement in the IFSP/IEP process and greater decision-making in the implementation of the plans. They suggested that the COPING training had facilitated a more collaborative atmosphere. Likewise, they felt that their intervention program was more targeted toward fostering adaptive behavior and resilience. They suggested that their children were more mature and responsive but thought that many factors contributed to this progress. The parents who had participated directly in the project's training were most aware of its beneficial effects.

In summary, the COPING Project had a complete evaluation protocol to ascertain immediate and long-term impact. The results of this assessment suggest that the project was effective in achieving efficient operations and a sustained positive influence on participants, programs and parents.

IX. PROJECT IMPACT

During the tenure of the grant the director generated the following products which served to enhance the project's impact.

Williamson, G.G. (1993). Intervention to promote adaptive behavior. In E. Vergara (Ed.), Foundation for practice in the neonatal intensive care unit and early intervention: A self-guided manual. Rockville, MD: American Occupational Therapy Association.

Williamson, G.G. (1993). Enhancing the social competence of children with learning disabilities. Sensory Integration Special Interest Section Newsletter, 15 (3). American Occupational Therapy Association.

Williamson, G.G. (1995). Increasing the adaptive competence of children with motor deficits. Proceedings of the First Eilat International Symposium on Pediatric Developmental Sciences (Eilat, Israel).

Zeitlin, S., & Williamson, G.G. (1994). Coping in young children: Early intervention practices to enhance adaptive behavior and resilience. Baltimore: Paul H. Brookes.

In addition the director and his colleagues had previously developed two psychometrically-validated instruments to assess the adaptive behavior of young children. All of these publications enriched the project's training and dissemination.

Zeitlin, S. (1985). Coping Inventory. Bensenville, IL: Scholastic Testing Service

Zeitlin, S., & Williamson, G.G. (1988). Early Coping Inventory. Bensenville, IL: Scholastic Testing Service.

Various awareness activities were implemented to expand impact. The project mailed introductory materials (e.g., brochures) to key audiences in the designated states or distributed them through outreach fairs. Overview presentations were conducted each year at state or regional conferences to increase awareness of the project and its intervention models. Project products and services were also disseminated through clearinghouse networks and technical assistance providers (e.g., NEC*TAS, the Maternal and Child Health network, ERIC, Family Resource Coalition). Dissemination efforts highlighted the use of the COPING frame of reference with high risk and underserved populations.

The COPING Project addressed key issues of concern to the field (e.g., family-centered orientation, focus on function in the context of daily living, issues related to coping with self and the social domain). Because of the currency of these topics, there was a great demand on the project for training and it was well received. The following eight content areas of COPING training reflect this interest in the field.

Content Areas

- Overview of the Coping Process Model
- Understanding Parent-Child Transactions from a Coping Perspective
- Assessment of Coping Styles of Young Children
- Developing the IFSP and IEP: The Personalized Decision-Making Model
- Intervention Guidelines to Increase Adaptation and Resiliency: Grading Demands, Expanding Coping Resources, and Providing Contingent Feedback.
- Strategies and Activities to Facilitate Specific Coping Behaviors in Young Children
- Intervention Based on the Child's Coping Style: Minimally Effective, Situationally Effective, and Effective Coping Styles.
- Problem-Solving Using the Coping Models

Qualitative comments were regularly received on the evaluation forms after each training. The remarks described the value of the session and suggested ways that the experience was beneficial. The following comments are representative of this feedback from training recipients and indicate a positive impact of the project (early childhood conference presentation in Wisconsin on October 18, 1994).

- "No words to describe it! Dr. Williamson is absolutely terrific! Very motivational!"
- "Passionate speaker--very practical, useful information, well integrated."
- "Very good! Theory and ideas were very applicable."
- "Great case studies, nice involvement of audience, and there was time for questions. I came away with a new sensitivity and respect for the value of observation and reacting to a child's cues."
- "Well organized, informative and pertinent!"
- "Informative, innovative ways to look at goals/outcomes as related to coping."

The COPING Project was based on a model demonstration project that documented a significant increase in coping effectiveness by the participating children and their families. These gains in adaptive competence were maintained and expanded as evidenced in a three-year follow-up study. In addition, the positive impact of outreach training was substantiated by analysis of evaluation data, requests for training, and extensive use of COPING products by service providers, trainers, and researchers. Ongoing evaluation of the project's on-site early childhood programs and outreach activities has resulted in continued refinement of the COPING models to ensure best practices.

X. FUTURE ACTIVITIES

Although the COPING Project ended with the grant period, it is anticipated that the following dissemination activities will continue: (1) distribution of reprints and self study packets, (2) selected training at conferences and workshops, (3) technical assistance by telephone, and (4) new coping-related publications.

XI. ASSURANCES

This statement is to assure that the full final report has been sent to ERIC and copies of the title page and abstract were sent to the designated list of resource centers.

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Appendix A

SAMPLE TRAINING ACTIVITIES

COPING PROJECT

YEAR 1 (October 1, 1992 - September 30, 1993)

"Enhancing Coping Effectiveness in Young Children", Grand Rounds, Department of Psychiatry, Elizabeth General Medical Center, New Jersey, October 6, 1992.

"Promoting the Social Competencies of Children with Disabilities", United Cerebral Palsy Association of New York State, Albany, October 20, 1992.

"Expanding Opportunities for Prenatally Drug Exposed Infants, Toddlers and Preschoolers", United Cerebral Palsy Association of New York State, Albany, October 20, 1992.

"The Role of Movement in Developing Adaptive Behavior", Occupational Therapy, Columbia University, New York, November 5, 1992.

City TOTS, Zero to Three: National Center for Clinical Infant Programs, Atlanta, Georgia, November 7-13 1992.

"The Story of Development"
"Introduction to Reflective Supervision"
"Supervision of Work with Parents"
"Transactions between the Infant and the Environment"

"Therapeutic Handling and Positioning: Implications for Coping", Department of Special Education, Hunter College, NY, November 18, 1992.

"Enhancing Social Competence: The Challenge of the Child with Special Needs", Pediatric Rehabilitation Conference, John F.Kennedy Medical Center, December 8, 1992:

"No One to Play With": Helping Kids Be Kids"
"Promoting Peer Acceptance Through Language"
"Designing Activity-Based Intervention to Achieve Identified Social Outcomes"
"Psychosocial Perspective: The Family, Child and Social Environment

"Helping Your Child To Cope", Little Fiddler Academy, Avenel, NJ December 9, 1992.

"Adaptive Behavior in Children: Assessment and Treatment", Physical Therapy Department,

Health Sciences Center at Brooklyn/SUNY, December 10, 1992.

First Eilat International Symposium on Pediatric Developmental Sciences, Eilat, Israel, December 14-18, 1992:

"Intervention to Expand the Motor Control of Infants"
"Promoting the Resilience and Adaptive Behavior of Children with Special Needs"
"Critical Issues in the Training and Supervision of Early Intervention Practitioners"

"The Early Coping Inventory as a Research Measure", Teachers College, Columbia University, New York, December 18-20, 1992.

"Staff Coping: Enhancing Personal and Professional Resources", Burlington Memorial Hospital, January 27, 1993.

"Increasing the Social Competence of Children with Special Needs", JFK Johnson Rehabilitation Institute, February 9, 1993.

"Enhancing Coping Behavior in Young Children with Special Needs", Head Start Region II RAP, Newark, NJ, February 11, 1993.

"Integration of Neurobehavioral Strategies with Therapeutic Activity", Occupational Therapy Department, Health Sciences Center at Brooklyn, SUNY, February 26, 1993.

"Development of Adaptive Skills in Children", Physical and Occupational Therapy Departments, Health Sciences Center at Brooklyn, SUNY, March 2, 1993.

"Coping Style: Assessment and Intervention", United Cerebral Palsy of Queens, March 10, 1993.

"Increasing the Coping Effectiveness of Children with Special Needs", John F. Kennedy Medical Center, March 30, 1993.

"Assessment of Coping for Classroom Training", Head Start, Hopatcong, New Jersey, April 15, 1993.

"Resilience as a Treatment Goal", Occupational Therapy Department, Columbia University, New York, April 20, 1993.

"Core Concepts in Rehabilitation", Metropolitan New York District, New York State Occupational Therapy Association, April 21, 1993.

"Understanding and Assessing Adaptive Behavior of Young Children with Special Needs", Foundation for Children with AIDS, Roxbury, MA, April 28-30, 1993.

"Designing Effective Training Programs", Zero to Three: National Center for Clinical Infant Programs, Washington, DC,, May 10, 1993.

"Designing Intervention Strategies Using a Coping Frame of Reference", Foundation for Children with AIDS, Roxbury, MA, May 24-29, 1993.

"Human Relationships: The Core of Intervention", Zero to Three and Division for Early Childhood/ Council for Exceptional Children, Washington, D.C., June 17 and 18, 1993.

"Coping in Young Children", Hopatcong Head Start, Hopatcong, NJ, June 17, 1993.

"Development in Newborns", American Occupational Therapy Association, Seattle, Washington, June 21, 1993.

"Collaboration and Integrated Services", South Carolina Department of Disabilities and Special Needs, Columbia, S.C., July 30, 1993.

Coping Follow-up: "Individualizing Plans", Foundation for Children with AIDS, Roxbury, MA, August 9-13, 1993.

"Infant Mental Health Seminar", Parent-Infant Institute, Urbana, IL, August 23-27, 1993.

"Staff Coping: Developing Effective Teams", Project REACH Inc., Atlanta, Georgia, September 1-3, 1993.

"Intervention to Promote Social and Adaptive Competence in Children", Conference on Cerebral Palsy, John F. Kennedy Medical Center, September 10, 1993.

"Coping in the Classroom: Enhancing Resilience and Adaptive Behavior for Preschool Children with Special Needs", John F. Kennedy Medical Center, September 24, 1993.

YEAR 2 (October 1, 1993 - September 30, 1994)

"Strategies to Promote Resilience for Family-Centered Intervention", Third Annual Illinois Early Childhood Conference, Peoria, IL, October 6, 1993.

"Coping in the Classroom", John F. Kennedy Medical Center, October 8, 1993.

"Promoting the Adaptive Behavior and Resilience of Infants and Toddlers", 33rd Annual Fall Conference, United Cerebral Palsy Association of New York State, Albany, NY, October 18, 1993.

"Therapeutic Handling and Positioning to Promote Adaptation", Special Education Department, Hunter College/SUNY, November 3, 1993.

"Early Childhood Intervention Lecture Series", University of Haifa, Israel, November 8-12, 1993.

"Coping and Children with HIV Infection", New Mexico State Early Childhood Conference Albuquerque, NM, November 11-12, 1993.

"Using the Early Coping Inventory for Assessing Children with HIV Infection and Prenatally Exposed to Drugs", New Mexico School of Medicine, Santa Fe, NM, November 14, 1993

"Professional Documentation", Occupational Therapy Department, Columbia University, November 17, 1993.

"Strategies for Teaching Relationship Concepts and Skills", Zero to Three: National Training Institute, Washington, D.C., December 5, 1993.

"Intervention to Enhance Coping Effectiveness", Pediatric Rehabilitation Department, JFK Johnson Rehabilitation Institute, January 10 and 17, 1994.

"Coping in the Classroom", Atlantic City Department of Special Services, February 11, 1994.

"Supporting the Coping Resources of Families", Maternal and Child Health Conference, New York University, February 18, 1994.

"Enhancing the Adaptive Competence of Young Children", Grand Rounds, Child and Adolescent Psychiatry, St. Lukes-Roosevelt Hospital Center, New York, February 22, 1994.

"Coping Strategies: Enhancing Resilience and Adaptive Behavior of Young Children", Maryland Department of Infants and Toddlers, Baltimore, MD, March 11, 1994.

"Enhancing the Adaptive and Social Competence of Young Children", Region II RAP Head Start Annual Conference, Syracuse, NY, March 22, 1994.

"Understanding a Child's Coping Style", Keynote Address, Region II RAP Head Start Annual Conference, Syracuse, NY, March 23, 1994.

"Intervention to Promote Resilience and Adaptive Behavior", Early Childhood Conference, Teachers College, Columbia University, April 10, 1994.

"The Adaptive Functioning of Children", Occupational Therapy Program, Columbia University, April 19, 1994.

"The Coping Frame of Reference for Assessment and Intervention", Three Day Training Workshop, TC Thompson Children's Hospital, Chattanooga, TN, April 20-23, 1994.

"Researching the Social and Adaptive Competence of Children", School of Occupational Therapy, Temple University, Philadephia, April 27, 1994.

"The Beginnings of Intimacy: An Infant's Capacity for Developing Relationships", Keynote Address, Coalition of Infant/Toddler Educators of New Jersey, Princeton, May 6, 1994.

"Empowering Infants to Cope with Self, Others, and the Environment", Coalition of Infant/Toddler Educators of New Jersey, Princeton, May 6, 1994.

"Cooperative Games In and Out of the Classroom: They Make a Difference", Resource Access Project/Region II, Head Start, Secaucus, May 9, 1994.

Model Demonstration Project for High Risk Children in Foster Care: Technical Assistance in Parent Support and Program Development, Children's Hospital of Akron, Akron Ohio, May 9-11, 1994.

"Therapeutic Strategies to Enhance Adaptive Behavior of Children with Disabilities", Maternal and Child Health Lecture, University of Washington, Seattle, May 19, 1994.

"No One to Play With: Enhancing the Social Competence of Children", University of Washington, May 20, 1994.

"Future Directions in Education for Occupational Therapists", Maternal & Child Health Planning Task Force, University of Illinois, Chicago, June 5, 1994.

"Enhancing the Adaptive Competence and Resilience of Children with Disabilities", Congress of Rehabilitation Medicine, Minneapolis, Minnesota, June 11, 1994.

"Attachment", New York Zero to Three Network, June 28, 1994.

"Increasing the Social Competence of Children: An Activity-Based Approach", American Occupational Therapy Association, Boston, MA, July 8 and 9, 1994.

"Evaluation of a Social Competence Program for Children with Special Needs", American Occupational Therapy Association, Boston, MA, July 10, 1994.

Reflections on the Art of Teaching", Keynote Address, Forum for Trainers and Educators; Zero to Three/National Center for Clinical Infant Programs, Washington, DC, July 28, 1994.

Expanding Adaptation and Resilience", Early Childhood Program, Ken-Crest Corporation, Philadelphia, August 11, 1994.

"Early Adaptive Patterns in Infancy", St. Barnabas Medical Center, September 20, 1994.

"Enhancing the Social and Adaptive Competencies of Children", College Misericordia, Dallas, PA, September 23, 1994.

YEAR 3 (October 1, 1994 - September 30, 1995)

"Helping Children Make It: Intervention to Promote Adaptive Behavior and Resilience in Social Environments", Division for Early Childhood/Council for Exceptional Children, St. Louis, October 9, 1994.

"Team Coping", Stepping Stones, Inc., Flushing, NY, October 12, 1994..

"The Beginnings of Intimacy: The Infant's Capacity for Developing Relationships", Keynote Address, Wisconsin Early Childhood Conference, Madison, WI, October 19, 1994.

"Enhancing the Adaptive Behavior and Resilience of Infants and Toddlers", Workshop Session, Wisconsin Early Childhood Conference, Madison, WI, October 19, 1994.

"Functional Kinesiology", Pediatric Rehabilitation, John F. Kennedy Medical Center, November 28, 1994.

"New Trends in Understanding Adaptation", Board of Directors, New York Zero to Three Coalition, November 29, 1994.

"The Emotional and Adaptive Development of the Toddler", National Training Institute, Zero to Three/National Center for Clinical Infant Programs, Dallas, TX, December 1, 1994.

"Therapeutic Handling and Positioning in the Classroom", Department of Special Education, Hunter College, December 7, 1994.

"Promoting the Social Competence of Children", Occupational Therapy Department, New York University, December 8, 1994.

"The Coping Frame of Reference for Enhancing Resilience and Adaptation of Young Children with Disabilities", Pacific Rim Conference, Waikiki, Oahu, January 11, 1995.

"Coping Challenges for Families", - Pacific Rim Conference, Waikiki, Oahu, January 11, 1995.

"Coping Assessment and Intervention", Easter Seals Early Intervention, Wahiawa, Oahu, January 12, 1995.

"Using the Coping Frame of Reference with High Risk and Severely Involved Early Intervention Populations", Sultan School, Oahu, January 13, 1995.

"The Coping Frame of Reference: Assessment/Intervention and Working Collaboratively with Families", Wailuka Center, Oahu, January 16 and 17, 1995.

"Assessment and Intervention", Two day combined large group and individual technical

assistance, six early intervention programs, Kona, Hawaii, January 19 and 20, 1995.

"Promoting Social Competence in Young Children", New York City Coalition for Children with Special Needs, January 25, 1995.

"Treatment of Children with Regulatory Disorders", Child and Adolescent Services, Department of Psychiatry, University of Medicine and Dentistry of New Jersey, February 6, 1995.

"Intervention to Promote Adaptation and Resilience in Children", Department of Rehabilitation Medicine, Hospital for Special Surgery, New York, February 9, 1995.

"What Toddlers Can Teach Us About Coping with Change", Keynote Address, Annual Conference, Oregon Division for Early Childhood, Eugene, Oregon, March 13, 1995.

"Intervention to Promote Adaptive and Emotional Development", Annual Conference, Oregon Division for Early Childhood, Eugene, Oregon, March 14, 1995.

"Enhancing the Social Competence of Children with Special Needs", New Jersey Occupational Therapy Association, JFK Conference Center, March 24 and 25, 1995.

"Coping: Focus on Function", Occupational Therapy Department, Columbia University, April 17, 1995.

"Promoting Adaptation and Resilience of Infants and Toddlers", Annual Convention, New York State Speech-Language-Hearing Association, New York City, April 28, 1995.

"Enhancing the Social Competence of Children with Special Needs", Boston University and Shriver Center, MA, May 6 and 7, 1995.

"Coping and Resilience in Young Children with Special Needs, Henry Viscardi School/National Center for Disability Services, Albertson, NY, May 12, 1995..

"Improving Adaptation and Resilience in Young Children", Milestone School of Manhattan May 24, 1995.

"Early Intervention & Infant Mental Health: Two Worlds or One?", New York Zero-to-Three Network Conference, Hunter College, June 7, 1995.

"Pediatric Rehabilitation Update: Clinical Management Across Practice and Life Settings", American Congress of Rehabilitation Medicine, Arlington, Virginia, June 22, 1995.

"Enhancing Resilience and Adaptive Behavior: Birth to Five Years of Age", Early Childhood Education Center, SUNY, New Paltz, NY, June 19 and 20, 1995.

"Enhancing the Social Competence of Children with Disabilities", Garden State Therapy Associates, Cherry Hill, NJ, June 29, 1995.

"Increasing Social and Adaptive Competence in School-Age Children", Vineland School District, NJ, August 9, 1995.

"Integrated Preschool Programming, Team Functioning, and Case Study of a Minimally Effective Coper," Milestone School of Manhattan, September 5 and 7, 1995.

"Improving Social Competence: Strategies and Techniques", Mercer County School District Special Services, September 6, 1995.

"Enabling Children to Become Adaptive", Western Queens Developmental School, New York, September 8, 1995.

"Intervention to Promote Adaptive Behavior in Children with Special Needs", Children's Hospital and Medical Center, Seattle, Washington, September 16 and 17, 1995.